



BUILDING FACADE IMPROVEMENT PROGRAM
SAN BRUNO REDEVELOPMENT AGENCY

Form 4
GRANT REQUEST

Name:	
Project Address:	
Lead Contractor:	
Address:	
Federal ID or Social Security #:	CA License #:
Total Project Cost:	
Date of Final Building Inspection:	

WORK ITEMS

Contractor	Work Performed	Date Paid	Amount
Additional Expenses		Date Paid	Amount

Add work items on additional pages if necessary

I certify that the information provided is complete and accurate and represents only those materials and labor costs associated with the approved Facade Improvements. I further certify that there are no liens remaining against the property in conjunction with any of the above-described work. True and correct photocopies of all bids, invoices, cancelled checks, lien releases, etc., are attached.

Signature

Date

Completed form should be returned to:

City of San Bruno
Community Development Department
567 El Camino Real
San Bruno, CA 94066
Attention: Mark Sullivan